

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/582,728-Conf. #4669</td> </tr> <tr> <td>Filing Date</td> <td>June 14, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Alberto Osio Sancho</td> </tr> <tr> <td>Title</td> <td>TREATMENT OF OPHTHALMIC CONDITIONS</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Examiner Name</td> <td>Humera N. Sheikh</td> </tr> <tr> <td>Attorney Docket No.</td> <td>O0327.70000US00</td> </tr> </table>	Application Number	10/582,728-Conf. #4669	Filing Date	June 14, 2006	First Named Inventor	Alberto Osio Sancho	Title	TREATMENT OF OPHTHALMIC CONDITIONS	Art Unit	1615	Examiner Name	Humera N. Sheikh	Attorney Docket No.	O0327.70000US00
Application Number	10/582,728-Conf. #4669														
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First Named Inventor	Alberto Osio Sancho														
Title	TREATMENT OF OPHTHALMIC CONDITIONS														
Art Unit	1615														
Examiner Name	Humera N. Sheikh														
Attorney Docket No.	O0327.70000US00														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
 OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record			
Signature	<i>Alberto Osio</i>	Date	10/28/2010
Name	Alberto Osio	Telephone	(619)554-1325
Title and Company CEO, Osio Corporation			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.